National Cancer Control Programme is operational since 1975 and is now being revised for prevention and control of Cancer with the following goals and objectives:

i) Primary prevention of Cancers by health education specially regarding hazards of tobacco consumption and necessity of genital hygiene for prevention of cervical cancer.

ii) Secondary prevention *i.e.* early detection and diagnosis of Cancers, for example, Cancer of cervix, breast and of the oro-pharyngeal Cancer by screening methods and patients's education on self examination methods.

iii) Strengthening of existing Cancer treatment facilities, which are woefully inadequate.

iv) Palliative care in terminal stage of the Cancer.

The pilot on National Programme for Prevention and Control of Diabetes, CVD and Stroke is being implemented since January 2008 in the North East in the State of Sikkim.

In order to prevent and control Goitre, the Government of India is implementing the National Iodine Deficiency Disorders Control Programme in the entire country, including North Eastern States. Supply of iodated salt in place of common salt, establishment of Iodine Deficiency Disorder Cells and Monitoring Laboratories are important components of the Programme.

There is no specific programme for control of Kidney disease.

Unsafe food from foreign countries

2095.SHRI P.R. RAJAN:

SHRI A. VIJAYARAGHAVAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is adequate investment in setting up requisite entry inspection measures for food safety due to the entry of unsafe food from foreign countries;

(b) if so, the details including above investment initiated during the last three years, year-wise, State-wise and category-wise;

(c) the details including the steps taken to implement the law that stipulates strict regulation of genetically modified food import and distribution;

(d) the details including the investment initiated, if any, to implement the law that stipulates strict regulation of genetically modified food import and distribution for last five years, year-wise and category-wise; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. Already, there are four established Central Food Laboratories at places namely, Kolkata, Ghaziabad, Mysore and Pune and three upcoming Laboratories at Mumbai, Raxaul (Bihar) and Sonauli (UP) to take care of the requirements of inspection of import of food articles. Annual grants of Rs. 40 Lakh each to the two laboratories at

Mysore and Pune are given by the Ministry of Health & Family Welfare. Other Food Laboratories get direct annual budgetary allocations from the budget of this Ministry in normal course. The details of budgetary allocations for the food laboratories at Kolkata and Ghaziabad are as under:

Year	Name of laboratory	Allocation (Rs. In thousands)	
		Plan	Non-Plan
2006-07	Food Research Standardization Laboratory (FRSL), Ghaziabad	2915	8910
	Central Food Laboratory (CFL), Kolkata	9765	12795
2007-08	FRSL, Ghaziabad	2395	10210
	CFL, Kolkata	5755	13900
2008-09	FRSL, Ghaziabad	4640	13745
	CFL, Kolkata	7860	19025

Further, for clearance of consignments of imported foods, the Central Board of Excise and Customs, Department of Revenue is authorized to get the samples of imported food items tested before giving clearance. Besides, the following funds were allocated for the food and drugs sectors (combined) through the World Bank assisted Food and Drugs Capacity Building Project during the last three years.

(Rs. in millions)

Year	Civil Works	Equipment	Others (Training etc.)	Total
2005-06	150.17	275.06	41.69	466.920
2006-07	168.322	61.981	125.165	355.468
2007-08	157.132	73.703	57.623	288.458
TOTAL :	475.624	410.744	224.478	1110.846

The project came to an end *w.e.f.* 30.6.2008.

(c) and (d) Rule 11 of Hazardous Microorganisms/ Genetically Engineered Organisms or Cell, Rules 1989 under the Environmental (Protection) Act, 1986 notified by the Ministry of Environment and Forests *vide* S.O. 1037(E) dated 5.12.1989 provide that food stuffs, ingredients in food stuffs and additives including processing aids containing or consisting of genetically engineered organisms or cells, shall not be produced, sold, imported or used except with the approval of the Genetic Engineering Approval Committee (GEAC). Further, that Ministry's notification S.O. No. 1519(E) dated the 23rd August, 2007 exempted food stuffs, ingredients in food stuffs and additives including processing aids derived from living modified organisms where the end product is not a living modified organism from the operation of rule 11 with a view to their regulation by the Food Safety and Standards Authority of India set up under the provisions of the Food Safety and Standards Act, 2006.

The operation of the notification S.O. No. 1519 (E) dated the 23rd August, 2007 has, however, been kept in abeyance as at present there is no testing facility for testing of GM processed foods with the Food Safety and Standards Authority of India and till such time a regulatory framework is established by it for testing and approval of GM foods in the country, the Ministry of Environment and Forests may continue with their regulatory measures in respect of such food items. The Food Safety and Standards Authority of India created during the year 2008 itself has been allocated a fund of Rs.8 crores to be released through Grants-in-aid.

(e) Does not arise.

Health Insurance Scheme

†2096. SHRI KALRAJ MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has planned to cover mostly poor families in the Health Insurance Scheme;

(b) if so, the details thereof; and

(c) the total amount allocated to implement the scheme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) Ministry of Health and Family Welfare under the National Rural Health Mission (NRHM) has prepared a framework for introducing health insurance scheme for the BPL population. The States have been requested to prepare need based, community oriented, innovative and flexible insurance policies for implementation on pilot basis. Only Government of Andhra Pradesh and Rajasthan have started the pilot projects.

Under NRHM, Ministry of Health and Family Welfare subsidizes the cost of the annual premium up to 75%, subject to a maximum of Rs.300/- per BPL Family.

The pilot project in the State of Andhra Pradesh was started in the year 2007-08 and an amount of Rs.10 crores each was agreed to as share of the Union Government during the year 2007-08 and 2008-09 as the scheme was deviating from the framework provided to the State Government and number of BPL families covered was not according to Planning Commission guidelines.

The pilot project of Government of Rajasthan for 5 districts was agreed with an amount of Rs.23.64 crores as share of the Union Government during the years 2007-08. During 2008-09, the State has made provisions for risk pooling in their Programme implementation Plan to the tune of Rs.39.29 Crores for 11 districts (5 old and 6 new) under National Rural Health Mission for Health Insurance Scheme for BPL population and the same has been approved.

Deaths due to Tuberculosis

†2097. SHRI RAM JETHMALANI:

SHRI RAJ MOHINDER SINGH MAJITHA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

† Original notice of the question was received in Hindi.